

1. COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DATE RECEIVED
OCT 3.0 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0448
Date:	11-14-14
Amount Paid:	\$180 10-30-14
Refund:	

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Jean E Higgins	Mailing Address: 2117 Ogden Ave Superior, WI 54880	Telephone: 715-392-3678
Address of Property: 11155 N Longlake Road		City/State/Zip: 54880
Contractor: Randy P. Liso	Agent Phone: 218-590-1985	Plumber: Ken Garland 715-374-2824
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (Include City/State/Zip):
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-048 2 4835 30500167000
1/4, 1/4	Gov't Lot V.378	Lot(s) 2
Section 35, Township 48 N, Range 08 W	Vol & Page V.3123	Lot(s) No. Blocks(s) No.
Distance Structure is from Shoreline: Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input checked="" type="checkbox"/>		Distance Structure is from Shoreline: feet
If Yes--continue -->		Distance Structure is from Shoreline: feet
<input type="checkbox"/> Non-Shoreland		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 2,000	New Construction	1-Story	Seasonal	1	Municipal/City	City
	Addition/Alteration	1-Story + Loft	Year Round	2	(New) Sanitary Specify Type: _____	Well
	Conversion	2-Story		3	Sanitary (Exists) Specify Type: <u>septic</u>	
	Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on Property	No Basement			Portable (w/service contract)	
		Foundation			Compost Toilet	
					None	

Existing Structure: (If permit being applied for is relevant to it)	Length: 21	Width: 12	Height: 10
Proposed Construction:			

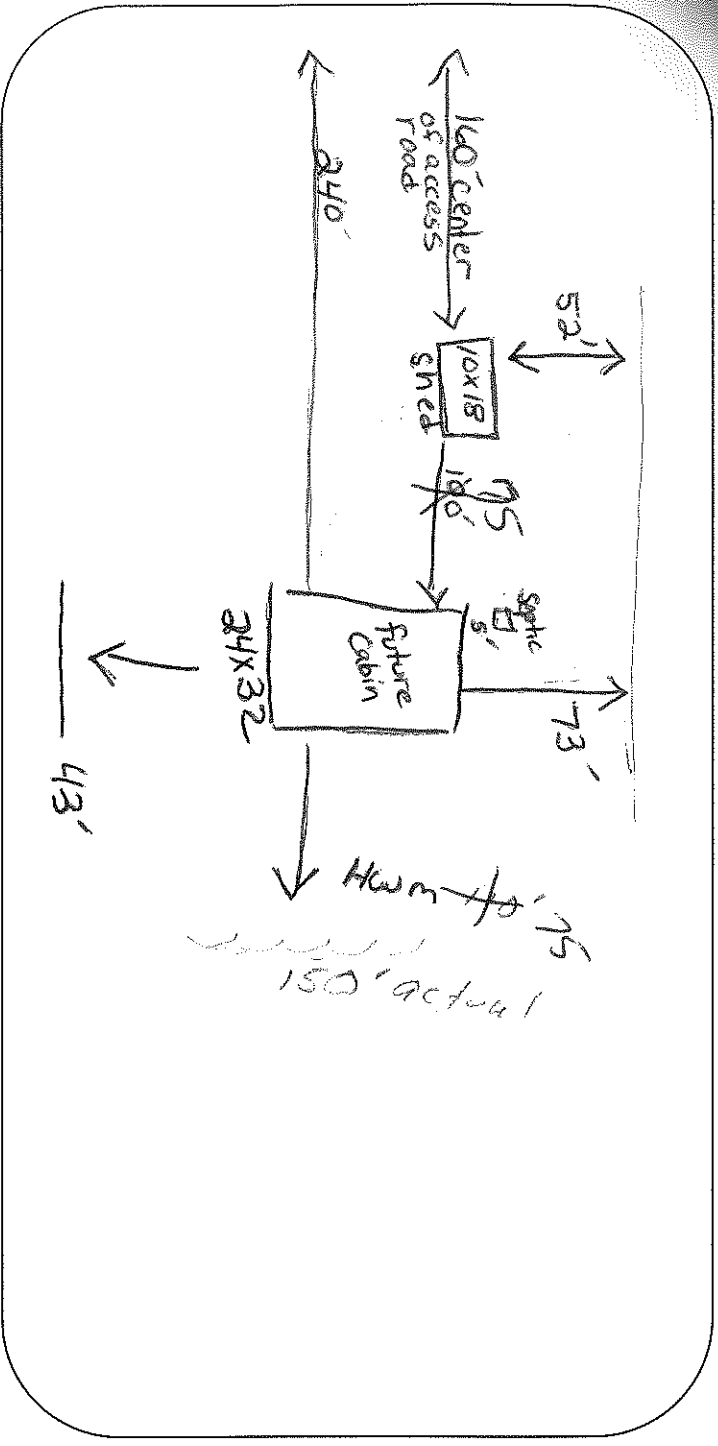
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify)	() X ()	2524
	Accessory Building (specify) <u>storage shed</u>	() X ()	180
	Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
Date 9-12-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Jean E Higgins
Date 9-12-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 2117 Ogden Ave Superior, WI 54880
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

1. Show Location of:
2. Show / Indicate:
3. Show Location of (*):
4. Show:
5. Show:
6. Show any (*):
7. Show any (*):
- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on Your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Shed

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	160 Feet	Setback from the Lake (ordinary high-water mark)	24075 Feet
Setback from the Established Right-of-Way	240 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	52 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	75 Feet	Setback from Wetland	
Setback from the West Lot Line	240 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field	110 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:	AK 10 11-14-14			
Permit #: 14-0442	Permit Date: 11-14-14				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CSN	ATE		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
Date of Inspection:	Inspected by:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
BUILDING SHALL NOT BE USED FOR HUMAN HABITATION OR SLEEPING PURPOSES + SHALL NOT CONTAIN INDOOR PLUMBING FIXTURES.					
Signature of Inspector:					Date of Approval: 11-14-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

Portable Potty



BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

150⁰⁰ Bayfield County Planning + zoning

Zoning District R-1
Lakes Class 2

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No: <u>14-0443</u>				
Property Owner's Name: <u>Jean E Higgins</u>				County: <u>Bayfield</u>						
Address of Property: <u>11165 N Longlake Road</u>				Property Location: 1/4 1/4 S T (or) W						
Property Owner's Mailing Address: <u>2117 Ogden Ave</u>				Township: <u>Tripp</u>		Gov. Lot #: <u>VI 307880 2014</u>				
City, State		Zip Code	Phone Number	Lot #	Block #	Subdivision Name or CSM #: <u>Bayfield Co. Zoning Dept.</u>				
II. TYPE OF BUILDING: (Check One)										
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>RV(s)</u>				Parcel ID Tax Number(s): <u>04-048-2-44-08-35-05-001-07000</u>						
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) <u>septic system also exists + was tested by soil tester + plumber</u>										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input checked="" type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<u>60</u>								
Lift Pump Tank / Siphon Chamber										
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) <u>Jean E Higgins</u>				Owner's Signature(s): (No Stamps) <u>Jean E Higgins</u>						
Plumber's Name: (Print) <u>NA</u>				Plumber's Signature: (No Stamps) <u>NA</u>				MP/MPRSW No: <u>X</u>		
Plumber's Address: (Street, City State, Zip Code) <u>NA</u>				Home Phone: <u>NA</u>				Business Phone: <u>X</u>		
VIII. COUNTY / DEPARTMENT USE ONLY										
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$150 10-30-14</u>		Date Issued: <u>11-14-14</u>		Issuing Agent's Signature / Date: <u>[Signature]</u>				
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										
<u>PORTA Potty SHALL BE LOCATED AT LEAST 40 FT FROM .66' WIDE EASEMENT ROAD + SHALL BE MAINTAINED FOR SERVICING CONTRACT.</u>										

Lot Line

← Name of Frontage Road () →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

- | | |
|---|---|
| a. Building to all lot lines | i. Privy to building |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line |
| d. Septic / holding tank to closest lot line | l. Drain field to building |
| e. Septic/holding tank to building | m. Drain field to well |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line | |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Bayfield County GIS

X: 701844.98, Y: 458006.97

Current Action: Select by Point

Quick Zoom: Barksdale

Parcel Search

Search Layer: By Tax ID#

Search by Tax ID [Ex 32028]:

Search

Clear

Tripp

04048248083530500106000

04048248083530500108000

04048248083530500107000

04048248083530500109000

04048248083530500110000

0481000000001

50 m

200 ft

Current theme:
Land Records

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR A PERMIT
BAIFIELD COUNTY, WISCONSIN

ENTERED

Permit #:

Date:

Amount Paid:

Refund:

Date Stamp (if received)

5/13/2014

Bayfield Co. Zoning Dept.

14-0444

11-14-14

\$185 9-10-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED

☒ LAND USE

☐ SANITARY

☐ PRIVY

☐ CONDITIONAL USE

☐ SPECIAL USE

☐ B.O.A.

☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property:

City/State/Zip:

Superior WI 54880 715-392-3018

Contractor:

Contractor Phone:

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (Include City/State/Zip):

Written Authorization Attached
☐ Yes ☐ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PIN: (23 digits)
04-048-2-48-35-3-05-001-07000

Recorded Document: (i.e. Property Ownership)
Volume _____ Page(s) 1

1/4, 1/4

Gov't Lot

V.378

2

SSM

V.3023

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Volume

Page(s)

Lot Size

Acres

1.433

Section

35

Township

48

N. Range

08

W

Town of

Tripp

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?

☐

If yes--continue

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone?

☐ Yes ☒ No

Are Wetlands Present?

☐ Yes ☒ No

Is Property/Land within 1000 feet of Lake, Pond or Flowage

☒

If yes--continue

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone?

☐ Yes ☒ No

Are Wetlands Present?

☐ Yes ☒ No

Shoreland

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Value at Time of Completion
* include donated time & material

\$18,000

Project

of Stories and/or basement

Use

of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

City

Well

City

Well

City

Well

City

Well

City

Well

New Construction

1-story

Seasonal

1

Municipal/City

Specify Type: _____

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

Addition/Alteration

1-story + Loft

Year Round

2

(New) Sanitary

Specify Type: _____

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

Conversion

2-story

Basement

Sanitary (Exists)

Specify Type: _____

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

City

Relocate (existing bldg)

No Basement

Portable (w/service contract)

Compost Toilet

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

Run a Business on Property

Foundation

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

City

Well

Existing Structure: (if permit being applied for is relevant to it)

Length: N 4

Width: 24

Height: 8

Proposed Construction:

Length: 30

Width: 24

Height: 8

Proposed Structure

Dimensions

Square Footage

32 x 24

768

32 x 24

768

32 x 24

768

768

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

with a Porch

with (2nd) Deck

with (2nd) Deck

with Attached Garage

Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Other: (explain)

Other: (explain)

Other: (explain)

Commercial Use

Municipal Use

Other: (explain)

Other: (explain)

Other: (explain)

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Other: (explain)

Commercial Use

Municipal Use

Other: (explain)

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Other: (explain)

Commercial Use

Municipal Use

Other: (explain)

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Commercial Use

Municipal Use

Other: (explain)

Other: (explain)

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Other: (explain)

Commercial Use

Municipal Use

Other: (explain)

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Other: (explain)

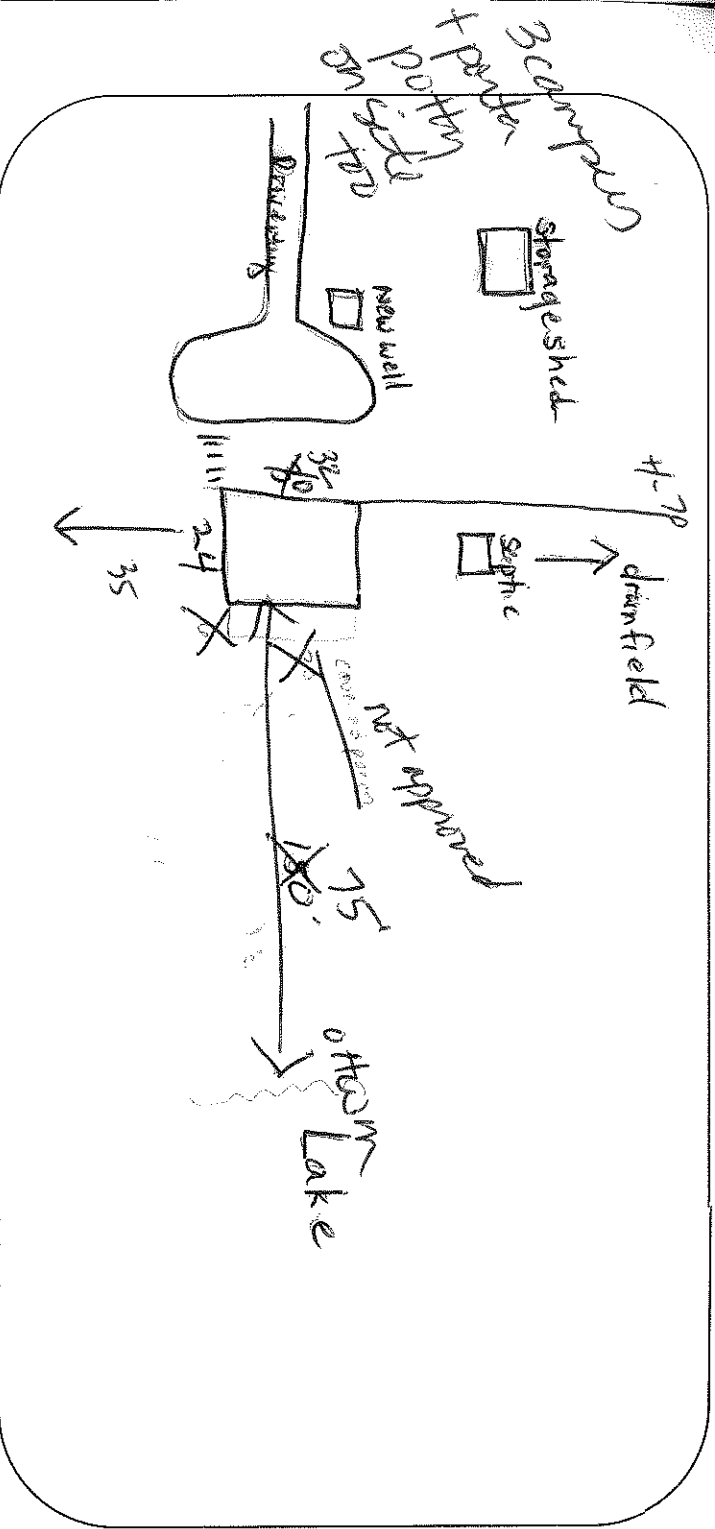
Other: (explain)

Commercial Use

</

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75' Feet	Setback from the Lake (ordinary high-water mark)	120-75 Feet
Setback from the Established Right-of-Way	240' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	35' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	35' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	240' Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	120-75 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	50 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:	SEE MP'S REVIEW OF SANITARY		
Permit #: 14-0444		Permit Date: 11-14-14	11-14-14		
Is Parcel a Sub-Standard lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspection Record: Stakes on site show position lake side, however Ms. Higgins said they were not building the porch. Porch not approved.	Zoning District	(R-1)	Lakes Classification (Class II)
Date of Inspection: 11-14-14	Inspected by: J. Morrison - Murphy	Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached)	Building shall not be closer to lake than stated location including any eye, stave, or bay window etc. Required doc permit shall be obtained prior to construction start. Best management practices shall be used to protect lakeward slope from erosion.		
Signature of Inspector:	Date of Approval: 11-14-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For LBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	